

Kartemquin interviewed — Filming for the people

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From the start, about ten years ago, Chicago's Kartemquin filmmaking group has been making radical films for working class audiences. (See Julia Lesage's interview in *Cineaste* 7:1, Fall 1975 for an overview of the group's history.) *THE CHICAGO MATERNITY CENTER STORY* (see previous review) is their most recent film. To find out more about making it and how they evaluated the finished film, in April, 1977, we interviewed four members who worked on it following a screening and discussion of the hour long documentary in Logan Square, a Polish and Latino working class neighborhood on Chicago's northwest side. Suzanne Davenport and Jenny Rohrer conceived, initiated, and completed the film. Jerry Blumenthal and Gordon Quinn also worked on it at various stages.

Kleinhans: The film has had a very long genesis. Why? And how did that affect it?

Rohrer: This film had a reputation around Kartemquin for the last two years of being a big turkey that would never get finished. It was originally conceived to be a short film and be completed before the Maternity Center was closed, and maybe be a part of the effort to keep the Center open. But Northwestern beat us to that by closing the Center. All of us who were making the film were pretty unknowledgeable about the health care field. The more we found out when we did some research and reading in the course of making the film, the more we realized that we had a prime example of what the people in the free clinic movement and in radical health organizations had been talking about. In being able to film the Maternity Center while it was open, we had one of the few examples of good care around. Most people were fighting for an institution to respond to their needs. So the film kept evolving into a more ambitious one. Our research and trying to decide what we wanted

to say took us quite a long time. The film changed form drastically.

Quinn: There are some other reasons why it took so long too. We had a fire and one print burned up in the middle of making it. Also people had to do other things to support themselves. Finally, when we mixed it, we didn't have the money to finish it.

From the start, it was going to be a film that had an analysis of the health care system. But particularly once the Center was closed, you couldn't just make a film about a struggle that failed. You had to put that in some kind of larger context. The film always intended to do that, but after the closing it became absolutely necessary. As you actually wrestle with the problem of telling a story or making a film, parts of the larger context disappear. We don't know how to give the overview as well as we know how to tell a very particular story about a particular struggle.

Blumenthal: It was actually the first film we made which had an extensive narration. The narration had to carry a lot of the weight, and writing it was a stumbling block.

Quinn: Right, we had a lot of things to say that did not lend themselves to being said in the verité style that those of us who were most skilled as filmmakers knew. We were trying to find a way — a stylistic way — to say some of those things. It's very difficult. But we really came to grips with that problem. We said, "Okay, these problems are inherent in this film. Let's not ignore them. Let's try to solve them. Let's work with narration, work with problems of abstract ideas, and work with the problem of bringing in a whole historical analysis for which we had very little visual material to support it." And I don't think we solved all those problems, but through our involvement in the health movement and through taking around rough videotape copies of the film to the kind of people who would be using the finished film, we did see that politically that information was necessary to tell the story.

Lesage: When I interviewed you before, you mentioned that this was one of the first times you took the politics of the Center's struggles as well as the health industry research back to meetings of Kartemquin as a whole. In your analysis is there material that you had to leave out that you really wanted to put in, in terms of political points?

Blumenthal: Yes, there was the stuff Suzanne was talking about at today's screening: the centralization of health care, the few big health centers near the lake in high income areas, and the movement of small hospitals and doctors out of the neighborhoods. Well, there was once a whole section of narration that we really struggled with about those issues. Suzanne argued that it ought to be in the film because it was very important information. And all that's left now is that at one point during the pre-natal examination we say over Scharene being weighed in that doctors are fleeing the inner city and nothing is being done to replace

the services that they provided. We did not say more because we really did not have the pictures to support it, and a whole new section would have to have been integrated into the film, which already has its problems in integrating different parts.

Quinn: There were whole sections of the film that dealt with FIGHT FOR LIFE. And there were whole sections that dealt with the internal contradictions within the Maternity Center — being a charity institution, being a kind of scientifically elitist institution. But the film's an hour now, and you just could not find a way to integrate those into a manageable length film. You face those kind of real problems. More so than any other film, we struggled with this film to say more, to put it in a larger context, to try to deal both historically and economically, and to really trace out threads of the concrete struggle that we started with. That's where we always start. We start with something happening. Some people are struggling around the issue, or someone comes to us, or something's happening. From the beginning we try to put it in a larger context. But it's hard. The forms don't exist to do that kind of thing dramatically and effectively. And I think we're particularly unskilled at what forms do exist. In some ways you can't really say the kind of things we're trying to say in a network television format. But when it comes to writing narration and manipulating words, television documentarists are able to do a lot of things that we can't do, just because they have more skills. So we have to develop our skills and we have to find new forms.

Lakes: The footage of the actual birth and the footage of the Maternity Center — that part of the film was very positive and powerful: the part about what could be. But the part about what's wrong with American health care, where you used ads and still photos, was weaker. The whole concept of why a hospital is alienating and why women might not want to go there isn't a real simple idea. There's still a mystification of hospitals. Couldn't you have done footage in a hospital?

Rohrer: We thought of doing that, but we also thought that people, through their own experience, are familiar with hospitals, and because of that we wouldn't have to put that in the film. I don't know if we could have gotten access to any place to shoot that kind of material. A whole other area that the film doesn't even approach is what's been happening in the past three or four years about obstetrics and gynecological care in hospitals. Prentiss Hospital — which we talk about in the film — offers all these sorts of things that they say women want. If you criticize them they say, "But we have all those things that hospitals never had before." They allow husbands and friends in the delivery room and they allow rooming-in service and 24-hour service. All these special little deals that hospitals resisted until just the last few years are now just a whole other type of sales pitch, that hospital delivery can give to a woman at a certain price. And that's another set of contradictions, you know: that's

how they responded to the women's health movement. And that's a very complicated thing because someone — although it hasn't really happened — could argue after seeing the film that hospital deliveries have changed, and that invalidates the political analysis in the film.

Quinn: In the second part, I don't think the answer is to do what Weisman did in *HOSPITAL*. In fact, the one of the same name with George C. Scott (dir. Arthur Hiller, 1972) is much better for showing what's wrong. But I don't think that was our task in this film. We have found, from showing the film, that people really understand how bad hospitals are, they have had those experiences and the criticisms start coming up out of the audience. Sometimes people will say, "Why didn't you show that?" They're the very ones who will give us ten examples from their own experience about bad health care institutions.

Also, you can only make so many points in any presentation. And if you raise one thing, politically you then often have a responsibility to raise other things. For example, there are a lot of people who want to just trash Cook County Hospital, and say it's an awful place and terrible, and blah, blah, blah. But right now the fight is to keep County open. It serves the needs of a lot of inner-city people. And the people who get the care there know it could be improved, but it's important to them and they know that if the institution is closed, they're gonna be worse off than they were without it. So we just didn't want to get into that whole question, because it's not that hospitals are all bad; it's more that they aren't serving the needs of the people.

Taylor: Have you shown the film yet to black audiences, and has there been any particular response on their part? Have the black women who were involved in the film seen it, and what have their reactions been?

Davenport: Those who saw it were very interested in it.

Quinn: I showed the film to a black class. The only ones who stayed were women. And the response was a very personal response: "I know so-and-so," and that kind of thing.

Rohrer: At the Medical Center showing, it was very clearly divided along class lines. The black people who were there were not doctors but hospital workers. And they were very, very positive about the film and made real class statements. In other words, they were very precise in the way they answered the women who were into the aesthetic home birth type of thing. Their answers were: "This is about medical care for poor people. This is about community control. What you're talking about is a kind of home delivery for rich people." And their statements were like, "This film is a film that I would use ..." That came out over and over again.

Quinn: Also at that screening were some Muslims [followers of the late

Elijah Mohammed] who are starting a health clinic, a whole health program, and they want to use it in the program. The Medical Center show was a nice experience because we often are put in the position of having to defend the delivery, especially the fact that this is not a very touchy-feely situation.

Kleinhans: Can you say a little bit more about the criticisms you've had.

Rohrer: Well, I just spoke Friday on the phone to some of the writers of the feminist health book *Our Bodies, Our Selves* in Boston. They just finished writing a review of our film for a women's health journal. They really had sort of the classic reaction of that area of the women's health movement, which is "I liked the film a lot. I liked its analysis of medicine in general and hospital care, and how the fight is with hospitals and with those institutions." But they were totally shocked by the birth in a lot of ways. I think a lot of it was the fact that Scharene's birth was a particularly difficult birth. We say it in the narration, it fits within this one percentile of times when the Center uses forceps and episiotomies and stuff. But still they really react to that quite strongly and feel that the film really falls down in that, that the Center doesn't present a home birth that has a lot of qualities that they want seen in home births. And our response is, "Well, it's not that film." In *THE MATERNITY CENTER* you're seeing a difficult birth that in many ways wouldn't meet those expectations, which are legitimate expectations. It's a Center that wasn't perfect, you know. But we're talking about something else here in this film.

Another reaction was seen at a national conference in Tallahassee last month. This group (also called WATCH, like the women in the film, but it's Women Act to Combat Harassment) is in the National Alliance of Feminist Women's Health Centers, which formed after a lot of women received different kinds of harassment and arrests. They showed it the first night of their national conference. After the film and after the discussion, which focused on how they have to turn from providing alternatives into focusing on the quality of care in existing institutions and hospitals, the whole conference went to the one area hospital, Tallahassee Memorial, entered the hospital and did an on-the-spot inspection on the maternity floor. They brought with them a TV crew and found a number of things. It was 10 o'clock at night. All the women were asleep — all the mothers — because they were all sedated. Many of the babies were awake in the nursery crying. They found Phisohex in the nursery, which has been found to cause brain damage in newborn infants. Fetal monitors of the type they put into the uterus and screw into the baby's head were routine, in addition to IV's and everything else. And that was the one hospital in the whole Tallahassee, Florida area. And the next day four women — among them a woman who was noted for having started the women's self-help movement and several other women from around the country — were arrested for trespassing.

They don't have as strong a reaction as the women from *Our Bodies, Ourselves* did to the birth.

Quinn: The discussion at the Medical Center about that was really good. There was even someone there who was complaining how it wasn't a Le Boyer birth, where the lights are dim and the baby comes into this little water bath and everything. We have had a lot of criticisms of how the woman is shaved, how she doesn't get the baby right after the delivery. There are lots of criticisms that do keep coming up in almost any audience about the delivery itself.

Lesage: There was one woman at the Medical Center who was marvelous. She said, "I agree with you that I would like to have a home birth like Dr. Eisenstein gives for \$800." But, she says, "I would never use Dr. Eisenstein's movie, which shows this woman in a great oak bed with all the friends, delivering, in any of my classes." She said, "I would only use this movie in my classes, because this movie talks about what people really need." And she said that one of the things people want is to know that they're getting all the standards of bourgeois medicine if they're poor. So, for instance, to create a sterile environment might not be necessary, but the fact that the Maternity Center went to the trouble to create a sterile environment meant a lot to poor people, who knew that in a regular hospital, if you were rich, you got a sterile environment. If you can convince people that they don't need those standards it's one thing, but to just say you're not worthy of having those standards is another thing.

Lakes: Did you ever think of reshooting the birth scene after you shot this (laughter)? I mean shooting another birth?

Rohrer: If we had had our brains on, and known enough about birth, actually, maybe we wouldn't have chosen a woman with a first baby.

Davenport: As far as we knew, Sharene was not going to have a real difficult birth. She wasn't a high-risk patient. She was a candidate for a normal delivery. It's the kind of a risk you take. We could have shot two or three and chosen the best one, but that was beyond our economic resources.

Taylor: Well, I'm surprised about the controversy over the difficult delivery, because I thought it was wonderful to see how, in very difficult cases, they could handle it.

We also felt good that the baby looked terrific. And it ended very well, so we held it.

I've seen another film about natural childbirth, a very middle class film. In that film the delivery is very difficult too. I think it's good for these questions to come up, because I think that one of the disservices that

one part of the home birth movement does is it really misleads people. It misleads women. It's gonna be this wonderful thing ... there's nothing to it, blah, blah, blah. And that happens sometimes. But it doesn't happen a lot of times. And it's real hard then. But I got a lot of response from women who were so glad to have seen that film, to have known that they hadn't failed in some kind of natural birth process. That it happens to other people too. It's important to be honest about those things.

Kleinhans: How did you yourselves change in the process of working with the film, from the time you conceived of it. I mean politically. What did you first see the film as politically, and are you happy with what you ended up with?

Davenport: When Jenny and I started out five years ago in 1972, we and the film were coming out of the women's movement: We were very into the problems of WATCH and trying to understand them. The WATCH group had a lot of tensions, divisions, and problems within it. As filmmakers we were involved in the WATCH group in some way. The biggest change that we went through was broadening our understanding of what the struggle related to and just how basic it was. This is one reason it took us so long to do the film. It took us a couple of years of research, reading, talking to people, and developing our understanding of how health services developed and turned into a high profit, technologically oriented, highly centralized industry. We came to a more Marxist understanding of it, and then it wasn't just a film coming out of the women's health movement.

Taylor: Looking back on the process, is it possible to set out what was actually collective, and what were the important individual contributions? For example, the writing of the narration ... how was that put together?

Blumenthal: I think that everybody wrote the narration. I participated in the early stages of the film and the shooting of the film. And then I dropped out of it for a couple of years. And by the time I finished up my other projects, I said, "My God, it's not done yet." (laughter: We needed a midwife.") I came back on it at a point when there was a two-hour version of the film. It was very clear to everyone that a lot of narration already written had to come out. The central issue was the one that we mentioned before. It was, "Well, there's stuff that's real important to be said to people in general, politically, but how do you say it? Do we have the material in the film to support it." Quite frequently our discussions or disagreements would run along that line. There would be one or the other of us, pushing to get something in, and one or the other, pushing to take it out because it was a film question. It was not a political question necessarily. Or the political part of it had to be, for the moment, looked at from the point of view of what was coherent.

Taylor: What about the shooting? The actual camera work? Was

everybody involved in that as well? Or were there people who were mainly handling the camera ones who had experience?

Blumenthal: Both experienced and inexperienced ...

Taylor: And what was that based on? Was it based on who wanted to do some filming?

Blumenthal: We were trying to do something in the making of that film which we were trying to do as a group, throughout the period that the film was in gestation at Kartemquin. There were a whole group of people, some of whom had some skills and didn't have others, and others who had some skills and didn't have the ones that the others may have had. And we tried to share them. Some of the camera work was done by Sue, some was done by Jenny. It was at the very beginning of their film careers, before they had even really had any experience.

Quinn: I photographed the scenes at the birth ... it would have been impossible for Suzanne and Jenny to photograph at their level of skill. But the confrontations with board members and other things were photographed by them.

We tried to push people. I mean this film was made by people trying to become a filmmaking group. It was made up of some people who had organizing backgrounds, some had Newsreel backgrounds, some people who had a real film background. There were tremendous differences in skills. And we put a tremendous amount of energy into skill sharing and developing collective styles of work in this group, and in this film in particular. More so in this film I think than in almost any other film that we worked on. It had real problems. I'd certainly never do it again in the way that we did it. I'd never try to put as much energy into skill sharing and doing things as collectively as we did. I think it had a lot of value to it and we learned a lot. But because it was the first time, I think we sort of went too far in that direction.

Taylor: Is that one of the reasons the film took so long?

Davenport, Quinn, Rohrer, Blumenthal: Oh sure. Definitely. No question about it.

Quinn: Part of it was just coming to grips with the immense differences in skills. And in the beginning thinking, "Well, this could happen through sort of a kind of collective process." I know for a long time the three of us who worked together tried to find a way to do things together. Probably it wasn't possible, and it was probably a mistake to put so much energy into that. Some energy it deserved, but not as much as we put into it.

Taylor Does everyone feel that way about the skill sharing aspect, that

you wouldn't do it again that way, that it took too much energy?

Rohrer: Not to the extent that we did it. When we started out Sue and I were interchangeably doing sound and camera, and it was Sue who pushed me to settle down on that instead of just interchanging so much. It took a lot of time. Sue and I were very active in other organizations and dividing up our time a lot. That's not the way that most political filmmakers approach projects.

Quinn: I've been very struck by the difference between New York and Chicago in terms of how political filmmakers work. There is very little, or was very little respect for anything that wasn't direct organizing in Chicago. And that greatly influenced our group and greatly influenced how we went about things. In New York there are several political filmmakers who really don't have very much connection to organizing — other than through the films that they make — which are usually in an organizing situation. But that's their connection.

Taylor: Are you thinking of something like HARLAN COUNTY?

Quinn: I'm thinking of HARLAN COUNTY, right. Barbara Kopple comes from a film background; she worked with film people. That's one of the finest films I've ever seen. I think it's politically excellent; I think the whole process of making, it was terrific. But a lot of people in Chicago would have been very critical of her relation to the events. She was a filmmaker on the scene, not an organizer, not a political worker.

Blumenthal: Barbara Kopple's politics are in that film. They're in the four years that she devoted to that project. They're in her thirteen months living in Harlan County, and her determination to gather all the materials that she needed to finish the story and not end it prematurely. It's that kind of commitment that you need to make that kind of film. Whereas the kind of thing that we were doing — the collective process of working together and sharing skills — seems to me to be much more related to one's life than to one's work in a way. It's less appropriate in a situation where you have a product as the end of your activity — a film for example. Where you're really striving for excellence and completeness the two are in conflict with one another. Admittedly there's some kind of dialectic that has to go on. It can't be a totally elitist organization, but there's a real conflict of interests. If one is interested in going through the collective process on the one hand and educating people in the process of making this object, and yet on the other hand you're striving for excellence.

Lakes: Could you define excellence?

Blumenthal: Well, you define it for yourself. I don't know what other word to use.

Davenport: On the other hand there are other groups or individuals who make political films who are closely tied to political organizations. And they have a political consensus that's kind of up front and that people identify with or their organization has a particular view or line, and so they make films. As you know, a lot of people in Kartemquin — at least Jenny and Peter — came out of the particular experience of Newsreel in the 60s, although at different times. But the history of Newsreel was fresh in a lot of people's minds, whether they were in it, or close to it, or observers of it, in the sense of seeing the dilemma of projects vs. quality. That needn't be the dilemma, but in many ways people felt it was. A lot of the Newsreel films are still useful, but there was a real problem around that question of quality and so on. That question was where Kartemquin was politically and how much unity we had. In the history of Kartemquin, it was seen in the effort to be collective around skill sharing, the effort to be collective around questions of money and property, the effort to be collective around the political view of the film, as well as collective around the actual process of editing and shooting the film. In this period we were trying to deal with moving out of capitalist forms and trying to deal in some sense with what more collective, more socialist, forms would look like. It's a lot to undertake. We hit a lot of snags and sandbars. There was a lot of struggle and certainly one aspect of that was that the political tendencies that people were coming from were different in many respects. People changed politically in the course of the five years that we worked on the film. And so there were real differences as the film moved along.

For instance, Gordon and I had a lot of discussions as we worked on the part of the narration talking about industrialization. I would make an argument for saying more about the Northwestern Medical Center and the building of it as an example of centralization, and the process that was going on in Chicago of the centralization of health services, and of pulling hospitals out of the neighborhoods, and pulling doctors out of the neighborhoods and saying more bluntly in the film that those trends affected black and Latin people more than white working class people. For whatever reason, Gordon disagreed but would not say that it was a political disagreement between us. And whether that was because he felt that I didn't express it clearly or whether he just didn't see it as a political issue, I don't know. There are people who look at the Chicago Maternity Center film and feel that it should be more direct around the issues of racism. We had a long discussion about to what extent the film could have as its premise that there's a two-class health care system and that some people are exploited more than others. The tendency in the development of the film was to focus more on the quality of patient care, and how industrialization had affected that. I think those are political disagreements. Gordon might still not think they are, but I think they are.

I don't think it's a political disagreement but just a matter of organizing

the material we had. I didn't do the research. I didn't write the initial drafts of the narration. I didn't go and find the materials out of which we finally fashioned the film.

You did all those initial things. You wrote the original drafts to the narration: you found all the materials — the pictures and stuff. That was all your work. There came a point in the film where I had to say "I can't put something voice-over for which there is no picture. We can't say this thing; you haven't straightened out these ideas here."

Davenport: But it goes back further, Gordon. We went out and developed the whole section about profit and how the ruling class makes money out of health and the health industry. There was really a lot of research, of picture taking, of additional shooting on the whole section about industrialization. Well, there were other points earlier when we felt, "Gee, we ought to go out and do some work, do other incidental shooting to show the difference between the two neighborhoods, more about the neighborhoods of Maxwell Street vs. the Gold Coast. And we should go out and show some more about the other medical center." And there was that time at which the narration included stuff about how Chicago had the headquarters of the American Medical Association and the American Hospital Association.

Quinn: There was a point where Jerry and I were both saying, and I think it's true, "We don't want to hear any more about going out and shooting any more stuff. Get it out of a magazine, get whatever is available, let's get this thing done." Had you done your work better in the beginning, had the material been there, it would have been OK. We did not have a political disagreement about those things.

Blumenthal: You're having the same discussion that you had a million times before. It's not a political disagreement. It's a disagreement about this particular film and what's to be done with this particular film. It would have been more of a political disagreement if there were options.

Lakes: And it wasn't an option because of money?

Blumenthal: It wasn't an option partly because of money, but money wasn't really the main thing. It was a question of energy — the film had been worked on for four years. And in order to make a movie about the two-class health system, which Suzanne is talking about, a tremendous amount of additional shooting would have had to be done. Basically, given the material that existed on film for us at that point, really a whole new film would be called for. That was not the film that they started out to make.

Quinn: And research, too. We'd done a lot of that research, but we had not come up with a way of presenting it.

Kleinhans: How do you feel about the film now? Are you satisfied with the politics of the film? How do you feel about criticisms from people who think it should be a filmically better film and people on the other side who think it should be even more explicit in its politics?

Rohrer: We made a decision, although we were new to the process of writing a narration, to write it from the point of view of someone who was involved in the struggle. Our first narration was a little clumsy. But after writing it, when the film was nearly finished, we went through the whole process of putting it on 1/2" videotape and showing it to lots and lots of people. We set up a number of screenings to what we considered our prime audience, our trial audience. We did three screenings in nursing schools and for some other health groups. We omitted one group of people who could have given us film criticism at that time, and that was media oriented people or filmmakers. We're now getting criticism from that perspective. And we agree with the essence of the criticism on the large part — that it's over-narrated, that it's too emotional, that it should be more like an impersonal reporter type thing. Some people say we should have more interviews with administrators of hospitals giving their viewpoints, like CBS.

Quinn: Jim Klein and Julia Reichert had two criticisms. One had to do with style, most of which we agree with; and the other does have to do with some of the politics of the film. We say some things that we cannot support because we don't have the graphics. For all the reasons we talked about before, the film has its inadequacies. And we say a lot of things that we can't really support visually. It's just there because we said it. And we have a few images that sort of help to carry it off, but not much. Jim and Julia say that kind of stuff weakens it. Our feeling is that although we couldn't solve the problem aesthetically, it's more important to try and say those things than to leave them out.

Blumenthal: The working class neighborhood audiences that we've shown the film to do not make those criticisms of the film. They're really happy with it. It comes right out of their experience, and they've got their whole life to verify and support the things that we say. People who are sophisticated about media point out those filmic flaws but the working class people who see it are not so critical of technique. The tone of narration now is one of someone in the struggle to save the Maternity Center. In fact, the tone of the film may well be one of the things that makes it so appealing to neighborhood audiences. And if it is — and I really think that it is — well, then too bad if we can't get the libraries and high schools to rent and buy it. It's not a film for them. It's not UNION MAIDS.

Kleinhans: It seems like there's a trade-off. If you dilute your politics, you can get to a much broader audience, but you get to them with a very soft message. On the other hand, obviously you don't want to make a

film that's so dogmatic and so rhetorical that it turns everybody off and you don't have an audience at the end of the film.

Quinn We all look at it and say, 'It could be a more skillful narration ... we'll do it next time.' The big thing that we've found so far in our showings is that nobody comes up and says, "Oh, that narrator!"

Lesage: That so-called objectivity is the sneakiest, most disastrous thing of all in narration, like the voice of God saying, "This is very objective, and I don't have any point of view of my own, and this is just the truth." Your narration already has part of that problem by being voice-off. But I think it's offset by the fact that it's really obviously participating in the struggle. You don't get the feeling that the narrator is necessarily taking a "everybody in the United States thinks exactly as I do" point of view, which is what so many narrators imply: "Now we see jolly Scotland," or something like that.

Quinn: It's very clear in our film that our narration has emotion and prejudice. You know right where the narrator is at, and you can take it or leave it or make your own judgments.

Lakes: This film gets people to say, "What's happening now? What can we do now?" I'd contrast that with a showing of UNION MAIDS at the American Library Association. Afterwards people just sat around and said, "Um, where are those good old days?" It didn't make them think anything about their own lives.

Quinn: Where you see the film is very important.

Taylor What about the funding you got from the Illinois Arts Council, where does that fit in? How is it in their interest to give you a grant? What's your interest?

Rohrer: We got a grant of \$10,000 to get prints and show the film in the Chicago area after we finished it. On the whole Kartemquin hasn't relied on grants for our capital; we used income from commercial businesses for our film costs.

Davenport: That's another dilemma that every group faces. To what extent do you want to be dependent on foundations? How much co-optation follows from that? What do they want you to do? Most of us in Kartemquin were pretty clear that we never saw foundations as a major source for anything. We knew they were very topical in their interests. We knew their interests changed from year to year. We knew they were basically corporate liberals who had various financial pressures that said, "You gotta get rid of your money." It was ruling class charity in a lot of ways. It hooked in with government policy. When Nixon came in, the country swung right, and foundations were funding law enforcement, only in a more liberal guise. When the Bicentennial came

around, there was a lot of money for art and media. You know, that's another aspect of corporate liberalism. There are certain times and places and ways in which money is available in a more democratic way, and a lot of groups around here got money during the Bicentennial — the Women's History Project, the Women's Union, and so forth.

Quinn: There's a lot of space in there. We got a little note from one of the radio stations that said we should write a thank-you note to the American Hospital Supply Corporation because they paid for a public service spot announcing that our film was going to be shown. (laughter) They have guidelines that say they'll serve the community, and then they end up coming to people like us to in some way bring something to the community.

Rohrer: Our grant covers a series of screenings of the film in communities, along with discussions on health care afterwards. The Humanities Council was very interested in the discussions afterwards. As for how we actually spent the money: each of the neighborhood screenings took a good amount of money, and then two of us have been salaried rather meagerly to coordinate it. Also we spent money on posters and other PR material and on a translation of the film into Spanish.

Quinn: When working with liberals like Humanities Council people we've been criticized by some of them for not making a film that's more "objective," that's more like network journalism, which pretends to be objective but never is.

Kleinhans: That seems related to how people often treat political differences. They avoid openly discussing real political questions in a film by saying they don't like the form. That's a socially acceptable way of saying, "I don't agree with you." They mean they don't like the politics.

Quinn: Form and content cannot be separated; they are dialectically related. I saw both PUMPING IRON and HARLAN COUNTY with some filmmaker friends of mine. They thought PUMPING IRON was better because the cinematography is better. I said, "What do you mean better?" I don't care about some guy working out with weights, but I care about miners fighting bosses. Whether the camera shakes or not doesn't matter as much as the fact that the filmmakers were there in Harlan County. That has to be seen as part of form.